

**In re the Application of:**

**Group Art Unit: 2876**

**Examiner:** Thien M. Le

**For: MULTIPLE APERTURE DATA  
READER FOR MULTI-MODE  
APPLICATION**

01/04/2005 MWOLDGE1 00000023 134953 10797781

02 FC:1202	100.00	DA
03 FC:1201	1400.00	DA
04 FC:1252	450.00	DA
<del>05 FC:0021</del>	<del>40.00</del>	<del>DA</del>

# TRANSMITTAL LETTER

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

The PTO did not receive the following listed item(s) Assignment

Dear Sir:

Transmitted herewith for filing in connection with the application identified above are the following documents.

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Response to Office Action                      |
| <input checked="" type="checkbox"/> | Assignment and Assignment Recordal Cover Sheet |
| <input checked="" type="checkbox"/> | Information Disclosure Statement               |
| <input checked="" type="checkbox"/> | PTO-1449                                       |
| <input checked="" type="checkbox"/> | Return receipt postcard                        |

☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

## CERTIFICATE OF MAILING

(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

December 27, 2004

Date of Deposit

PortInd2-4502583.1 0051306-00401

**Sandi Lekar**

Name of Person Mailing Paper

Signature of Person Mailing Paper

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input checked="" type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
		\$450.00

---

**CLAIM FEES AND MISCELLANEOUS FEES**

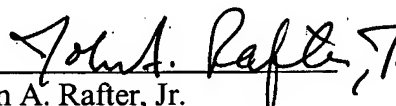
Total Claims	27	-	25	=	2	x	\$50.00	\$100.00
Independent Claims	10	-	3	=	7	x	\$200.00	\$1,400.00
<b>TOTAL OF ABOVE CALCULATIONS</b>								\$1,400.00
Extension of Time (from above)								\$450.00
Submission of Information Disclosure Statement Fee								\$180.00
Other: Assignment Recordal Fee								\$40.00
<b>TOTAL FEES SUBMITTED HEREWITH</b>								\$2,070.00

- ☐ If an additional extension of time is required, please consider this a petition therefor
- ☒ Charge PSC's Deposit Account No. 13-4953 in the amount of **\$2,070.00**
- ☒ The Commissioner is authorized to charge PSC's Deposit Account No. 13-4953 for any fees which may be required that are not covered.<sup>1</sup>

Respectfully submitted,

Dated: December 27, 2004

By:

  
John A. Rafter, Jr.  
Reg. No. 31,653

STOEL RIVES LLP  
900 SW Fifth Avenue, Suite 2600  
Portland, OR 97204-1268  
Telephone: (503) 224-3380  
Facsimile: (503) 220-2480  
Attorney Docket No. 51306/401:1

---

<sup>1</sup> The Commissioner is authorized to charge Stoel Rives LLP's Deposit Account No. 19-4455 if the above-referenced Account No. 13-4953 has insufficient funds.